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Attorneys for Robert O'Brien individually and as
guardian ad litem for McKenna O'Brien and Kinsey
O'Brien; Mary Ellsworth; and Joshua Ellsworth

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

In re) Case No. 19-30088 (DM)
PG&E CORPORATION,)
and) Chapter 11
PACIFIC GAS AND ELECTRIC)
COMPANY) (Lead Case—Jointly Administered)
Debtors)
) **Declaration of Robert T. Bryson in**
) **Support of Motion to Amend Proof of**

Affects:

- PG&E Corporation
 Pacific Gas & Electric Company
 Both Debtors

All papers shall be filed in the Lead Case, No. 19-30088 (DM).

) **Allowance of a Late-Filed Claim**

)
)

) Date: February 24, 2021

) Time: 10:00 a.m. (Pacific)

) Place: Telephonic/Video Appearance Only

) United States Bankruptcy

) Courtroom 17,

) 450 Golden Gate Ave., 16th Floor

) San Francisco, CA 94102

)
)

) Objection Deadline: February 17, 2021

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Declaration of Robert T. Bryson

I, Robert T. Bryson, say and declare as follows:

1. I am an individual over 18 years of age and competent to make this Declaration.

2. I am an attorney at law duly admitted to practice before all courts of the State of California, in addition to the United States District Court for the Northern District of California.

3. I am an attorney with the law firm of Robins Cloud LP (the “Firm”), attorneys for Robert O’Brien individually and as *guardian ad litem* for McKenna O’Brien and Kinsey O’Brien (“Mr. O’Brien”); Mary Ellsworth; and Joshua Ellsworth (collectively, “Movants”). Movants retained the Firm to represent them in connection with damages resulting from the 2017 North Bay Fire (“Fire”).

4. The facts set forth below are true and within the scope of my personal knowledge, and if called upon to do so I could and would testify competently to these facts.

5. On October 16, 2019, the Firm filed Proof of Claim No. 28994 on behalf of Mr. O'Brien ("Claim"), a true and correct copy of which is attached hereto as Exhibit 1 and incorporated by this reference.

6. The Claim was prepared and filed under my supervision and states, among other things, that Mr. O'Brien, individually, suffered harm when the Fire damaged their home where Movants resided ("Home").

7. Due to an oversight by the Firm, the Claim omitted averments for the damages suffered by (a) Mary Ellsworth (“Ms. Ellsworth”)—Mr. O’Brien’s wife; (b) McKenna O’Brien—Mr. O’Brien’s daughter; (c) Kinsey O’Brien—Mr. O’Brien’s daughter; and (d) Joshua Ellsworth—Ms. Ellsworth’s son (collectively, “Additional Claimants”).

8. Unfortunately, I failed to notice the omission of the Additional Claimants' damages when I reviewed the Claim before it was filed, as did others in the Firm. It was not until January 2021 that the Firm's mistake was discovered.

9. Movants seek to amend the Claim to include, among other things, the damages suffered by the Additional Claimants.

10. The sole purpose of the requested amendment is to fix the Firm's error and ensure that

1 Movants are fully compensated for the panoply of injuries that they suffered as a result of Debtors'
2 actions.

3 11. This is Movants' first request to the amend Claim.

4 I declare under penalty of perjury that the foregoing is true and correct.

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6 Dated: January 29, 2021

7 ROBERT T. BRYSON

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EXHIBIT 1

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)**

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)
Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?		O'BRIEN, ROBERT <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
2. Has this claim been acquired from someone else?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. From whom? _____
3. Are you filing this claim on behalf of your family?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.
4. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name: O'BRIEN, ROBERT Attorney Name (if applicable): Robins III, Bill Attorney Bar Number (if applicable): 296101 Street Address: 808 WILSHIRE BLVD. SUITE 450 City: SANTA MONICA State: CA Zip Code: 90401 Phone Number: (310)929-4200 Email Address: rbryson@robinscloud.com		Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		Filed on _____ MM / DD / YYYY
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim?

Check all that apply.

- Camp Fire (2018)
 North Bay Fires (2017)
 Ghost Ship Fire (2016)
 Butte Fire (2015)

Other (please provide date and brief description of fire): _____

8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.?)

Location(s):

5867 Foothill Ranch Rd, Santa Rosa, CA 95404-1271

226 Cambria Way, Santa Rosa, CA 95403

9. How were you and/or your family harmed?

Check all that apply

- Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage)

Owner Renter Occupant Other (Please specify):

helped family evacuate/escape

- Personal Injury

Wrongful Death (if checked, please provide the name of the deceased)

Name: _____

- Business Loss/Interruption

- Lost wages and earning capacity

- Loss of community and essential services

- Agricultural loss

- Other (Please specify) Automobile Loss
specify): _____

10. What damages are you and/or your family claiming/seeking?

Check all that apply

- Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage)

- Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage)

- Punitive, exemplary, and statutory damages

- Attorney's fees and litigation costs

- Interest

- Any and all other damages recoverable under California law

Other (Please specify): _____

11. How much is the claim?

(optional)

Unknown / To be determined at a later date

Part 3:**Sign Below**

**The person completing
this proof of claim must
sign and date it.
FRBP 9011(b).**

If you file this claim
electronically, FRBP
5005(a)(2) authorizes courts
to establish local rules
specifying what a signature
is.

**A person who files a
fraudulent claim could be
fined up to \$500,000,
imprisoned for up to 5
years, or both.
18 U.S.C. §§ 152, 157, and
3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/12/2019 (mm/dd/yyyy)

/s/Bill Robins III

Signature

Name	Bill	Robins III	
	First name	Middle name	Last name
Title	Attorney at Law		
Company	Robins Cloud LLP		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	Number	Street	
	Santa Monica	CA	90401
	City	State	ZIP Code
Contact phone	3109294200		Email <u>rbryon@robinscloud.com</u>